

DECLARATION AND POWER OF ATTORNEY FOR U.S. PATENT APPLICATIONS

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

SOLID ORAL DOSAGE FORMS OF VALSERTAN

the specification of which was filed as PCT International Application No. **PCT/EP97/03172** on June 18, 1997.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendments made during the international stage (including any made under PCT Rule 91, Article 19 and Article 34).

I acknowledge my duty to disclose all information which is known by me to be material to the patentability of this application as defined in 37 C.F.R. §1.56.

I hereby claim the benefit under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate listed below and under 35 U.S.C. §365(a) of any PCT international application(s) designating at least one country other than the United States listed below and have also listed below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States for the same subject matter and having a filing date before that of the application the priority of which is claimed for that subject matter:

None

I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below:

None

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) listed below and under 35 U.S.C. §365(c) of any PCT international application(s) designating the United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior application(s) in the manner required by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose all information known by me to be material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date(s) of the prior application(s) and the national or PCT international filing date of this application:

None

I hereby appoint the attorneys and agents associated with Customer No. 001095, respectively and individually, as my attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

I hereby authorize my aforementioned attorneys and agents and any others acting on my behalf to take any action relating to this application based on communications from the Patents and Trademarks Division of Novartis Services AG, Basle, Switzerland, or an affiliate thereof or a successor thereto, without direct communication from me.

Please address all communications to the address associated with Customer No. 001095, which is currently Michael W. Glynn, Novartis Corporation, Patent and Trademark Dept., 564 Morris Avenue, Summit, NJ 07901-1027.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FIRST JOINT INVENTOR:

Full name : **Robert Frank Wagner**
Signature : _____
Date : _____
(MM/DD/YY)
Citizenship : United States of America
Residence : 1 Cedarview Court
Neshanic Station, New Jersey 08853

SECOND JOINT INVENTOR:

Full name : **Yoshimitsu Katakuse**
Signature : _____
Date : _____
(MM/DD/YY)
Citizenship : Japan
Residence : 1-9-20, Hoshigaoka
Hirakata 573
Japan

THIRD JOINT INVENTOR:

Full name : **Takashi Taike**

Signature : _____

Date : _____
(MM/DD/YY)

Citizenship : Japan

Residence : 2-7-3, Shoubugaoka
Kitaku, Kobe 651-13
Japan

FOURTH JOINT INVENTOR:

Full name : **Fujiki Yamato**

Signature : _____

Date : _____
(MM/DD/YY)

Citizenship : Japan

Residence : 3-5-504, Komyo-cho
Takarazuka 665
Japan

FIFTH JOINT INVENTOR:

Full name : **Manfred Kohlmeier**

Signature : _____

Date : _____
(MM/DD/YY)

Citizenship : Germany

Residence : Bläsiring 47
4057 Basel
Switzerland

IMPORTANT: Before this declaration is signed, the patent application (the specification, the claims and this declaration) must be read and understood by each person signing it, and no changes may be made in the application after this declaration has been signed.

DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION

☒ Original ☐ Supplemental ☐ Substitute

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I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a United States patent is sought on the invention entitled

SOLID ORAL DOSAGE FORMS OF VALSARTAN

the specification of which:

☐ is attached hereto.

☐ was filed on _____ as Application No. _____
(day/month/year)

and, if this box (☐) contains an *

☐ was amended on _____
(day/month/year)

☒ was filed as Patent Cooperation Treaty international Application No.

PCT/EP 97/03172 on 18/06/1997
(day/month/year)

and, if this box (☐) contains an *

☐ entered the national stage in the United States and was accorded Application No. _____

and, if this box (☐) contains an *

☐ was amended, subsequent to entry into the national stage, on _____
(day/month/year)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above and, if this application was filed as a Patent Cooperation Treaty international application, by any amendments made during the international stage (including any made under Patent Cooperation Treaty Rule 91, Article 19 and Article 34).

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COUNTRY/REGION (OR P.C.T.)	APPLICATION No.	FILING DATE (day/month/year)	PRIORITY CLAIMED	
Great Britain	9613470.5	27/06/1996	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. § 119 (e) of any United States provisional application(s) listed below:

APPLICATION NO.	FILING DATE (day/month/year)

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) listed below and under 35 U.S.C. §365(c) of any Patent Cooperation Treaty international application(s) designating the United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior application(s) in the manner required by the first paragraph of 35 U.S.C. §112, I acknowledge my duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date(s) of the prior application(s) and the national or Patent Cooperation Treaty international filing date of this application:

United States Application No.	United States Filing Date (day/month/year)	Status (Pending, Abandoned or U.S. Patent No.)	International Application No. and Filing Date

I hereby appoint the registered practitioners associated with Customer No. 001095, respectively and individually, as my attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

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Full name of sole
or first joint inventor

Robert Frank WAGNER

Inventor's signature

Date

(day/month/year)

Residence

Neshanic Station, USA

Citizenship

USA

Post Office Address

**1 Cedarview Court
Neshanic Station, NJ 08853
USA**

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Full name of second
joint inventor, if any

Yoshimitsu KATAKUSE

Inventor's signature

Date

(day/month/year)

Residence

Hirakata, Japan

Citizenship

Japan

Post Office Address

**1-9-20, Hoshigaoka
Hirakata 573-0013
Japan**

Full name of third
joint inventor, if any

Takashi TAIKE

Inventor's signature

Date

(day/month/year)

Residence

Kobe, Japan

Citizenship

Japan

Post Office Address

**2-7-3, Shoubugaoka
Kitaku, Kobe 651-13
Japan**

Full name of fourth
joint inventor, if any

Fujiki YAMATO

Inventor's signature

Date

(day/month/year)

Residence

Takarazuka, Japan

Citizenship

Japan

Post Office Address

**3-5-504, Komyo-cho
Takarazuka 665-0045
Japan**

Full name of fifth
joint inventor, if any

Manfred KOHLMAYER

Inventor's signature

Date

(day/month/year)

Residence

Basel, Switzerland

Citizenship

Germany

Post Office Address

**Thiersteinallee 13
4053 Basel
Switzerland**

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SOLID ORAL DOSAGE FORMS OF VALSARTAN

the specification of which:

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(day/month/year)

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PCT/EP 97/03172 on 18/06/1997
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----------------------------------	--	--	--

Full name of second joint inventor, if any **Yoshimitsu KATAKUSE**

Inventor's signature

Date

(day/month/year)

Residence **Hirakata, Japan**

Citizenship **Japan**

Post Office Address **1-9-20, Hoshigaoka
Hirakata 573-0013
Japan**

Full name of third joint inventor, if any **Takashi TAIKE**

Inventor's signature

Date

(day/month/year)

Residence **Kobe, Japan**

Citizenship **Japan**

Post Office Address **2-7-3, Shoubugaoka
Kitaku, Kobe 651-13
Japan**

Full name of fourth joint inventor, if any **Fujiki YAMATO**

Inventor's signature

Date

(day/month/year)

Residence **Takarazuka, Japan**

Citizenship **Japan**

Post Office Address **3-5-504, Komyo-cho
Takarazuka 665-0045
Japan**

Full name of fifth
joint inventor, if any

Manfred KOHLMEYER

Inventor's signature

Date

(day/month/year)

Residence

Basel, Switzerland

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Germany

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Full name of sole
or first joint inventor

Robert Frank WAGNER

Inventor's signature

Date

(day/month/year)

Residence

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Citizenship

USA

Post Office Address

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USA**

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Manfred KOHLMAYER

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